U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| F | or Official Use Only |
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| E | 13.05                |
|   | Q(:::: 05)           |

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 5243           |                        | 2. Fiscal Year Covered From                              |       |  |
|-----------------------------------|------------------------|--|-------|--|
| ·                                 |                        | 01/01/2004 Through: 12/31/                               | 2004  |  |
| Name and address of person filing |                        | 4. Name, file number, and address of labor organization. |       |  |
| Name JUDY                         | A TOWNSEND             | Name TEAMSTORS LOCAL UNION 116                           | 4     |  |
|                                   |                        | Labor Organization File Number 035 - 241                 |       |  |
| P.O. Box, Bldg., Room No., if any |                        | P.O. Box, Building and Room Number, if any               |       |  |
| Street 3205 LINCOL                | N AVE.                 | Street 3236 W. 25th Street                               |       |  |
| Dity PARMA                        |                        | City CLEVELAND   |       |  |
| State CHIO                        | ZIP Code + 4 4 4 1 3 4 | State OHIO ZIP Code + 4                                  | 44109 |  |

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |                    | ith, or derived income or other economic benefit of initial represents or is actively seeking to represent. |
|--|--------------------|---|
| 6. Name and address of Employer (including tra | ade name, if any). | 7.a. Nature of Interest, Transaction, or Income.  |
| Name   |                    |   |
| Trade Name, if any:                            |                    |   |
| P.O. Box, Bldg., Room No., if any              |                    |   |
|  |                    | 7.b. Amount,  |
| Street   |                    |   |
| City   |                    |   |
| State  | ZIP Code + 4       |   |

## Signature

| submitted in this report (including | n. The undersigned declares, under penalty<br>ng the information contained in any accomp<br>pelief, true, correct, and complete. (See the | anying docu | ments), has been exan | nalties of the law, that all of the information named by the signatory and is, to the best of the ions.) |
|-------------------------------------|---|-------------|-----------------------|--|
| Signed Judy                         | 1 Tourson   | /<br>On     | 8-12-05               | 216-351-8040   |
| (1)                                 | r -   |             | Date                  | Telephone Number   |

| •   |  |  |  |
|---|--|--|--|
| Name of Person Filing JUDY TOWNSEND   | File Number U-   |  |  |
| B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable to the consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization. | wise dealing with the Eusiness vely seeking to represent, or lirectly to, or otherwise N / A |  |  |
| 8. Name and address of Business (including trade name, if any).   | 9. Business deals with:  |  |  |
| Name Trade Name, if any:  | a. Labor Organiz∋tion<br>b. Trust  |  |  |
| P.O. Box, Bldg., Room No., if any Street  | c. Employer  |  |  |
| City  |  |  |  |
| State ZIP Code + 4  |  |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dea ing.  |  |  |
| Name  |  |  |  |
| Trade Name, if any:   |  |  |  |
| P.O. Box, Bldg., Room No., if any   |  |  |  |
| Street  | 11.b. Approximate dellar va ue of such dealing.  |  |  |
| City  | 12.a. Nature of interest held or income received.  |  |  |
| State ZIP Code + 4  |  |  |  |
|   |  |  |  |
|   |  |  |  |

| C. Received from any employer (other than an employer covered unor<br>or from any labor relations consultant to an employer any payment of mone |                          |
|---|--------------------------|
| 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | 14.a. Nature of payment. |
| Name MEDICAL MUTUAL   | SPORTING EVENTS          |
| Trade Name, if any:   |                          |
| P.O. Box, Bldg., Room No., if any   |                          |
| Street 2060 E. 9TH STREET   |                          |
| City CLEVELAND  |                          |
| State 0 H I 0 ZIP Code + 4 4 1 1 5  |                          |
| 13.b. Is the Business an Employer XX or Consultant ?  | 14.b. Amount of payment. |